



OFFICE OF THE PLANNING DIRECTOR

2 Main Street, PO Box 960
Amherst, NH 03031
ctiedemann@amherstnh.gov
www.amherstnh.gov

Tel. (603) 673-6041 ex. 204 Fax (603) 673-4138

APPLICATION TO THE AMHERST ZONING BOARD OF ADJUSTMENT

Date: Recd: Case No: Lot Number: Fee: Paid:.....
Owner: Applicant/Agent:
Address: Address:
..... Tel:..... Tel:.....
Site Location/Street: Zoning District:

=====
Application Type: Equitable Waiver: The applicant hereby requests a Waiver from the provisions of Article: ____, Section: ____, Paragraph: _____. In order that he or she may:

.....
Administrative Appeal: The applicant hereby requests consideration be given to a decision involving construction, interpretation or application of the terms of the Ordinance made by:
....., Name of Administrative Agency:
Date of decision:, Ordinance that is the subject of this appeal: Article: ____, Section: ____, Paragraph: _____. In order that he or she may:
.....

=====
General Instructions: A typed application must be filed in the Zoning Office, for review, no less than thirty (30) days prior to Zoning Board of Adjustment meeting, which is held every third Tuesday of each month. Included shall be ten (10) copies of the application, plans (floor and elevations), and any additional documentation for the application. All plans are to be to scale with a graphic scale shown. A plot plan of the lot, showing the existing and proposed structures, certified by a Licensed Land Surveyor, is also required.

There shall be a typed list of abutters (including yourself and any licensed professionals noted on the plans). All listed abutters shall have three (3) sets of 1" x 2.5" typed gummed labels.

Note: Applications will not be processed without the fee being paid.

Fees: Application: \$ 200. All abutters are: \$ 5.50 / each.

Fee calculations: Application Fee: \$ 200, \$ 5.50 x ____ abut = \$ ____, Total due: \$ ____

Staff Comments: _____
=====

I, the undersigned, hereby certify that the names listed as abutters are accurate and correct to the best of my knowledge and belief. I acknowledge that it is my responsibility to check such other sources that are available to insure that any and all persons entitled to notification receive the same, and hereby certify that I have done so.

Signature of Owner: _____ **Date:** _____

Note: If not signed by owner a letter of authorization to proceed from owner is required.



OFFICE OF THE PLANNING DIRECTOR

2 Main Street, PO Box 960
Amherst, NH 03031
ctiedemann@amherstnh.gov
www.amherstnh.gov

Tel. (603) 673-6041 ex. 204 Fax (603) 673-4138

APPLICATION TO THE AMHERST ZONING BOARD OF ADJUSTMENT

Date: Case No: Lot Number: Fee: Paid:
Owner: Applicant/Agent:
Address: Address:
..... Tel: Tel:
Site Location/Street: Zoning District:
=====

Application Type: Equitable Waiver: The applicant hereby requests a Waiver from the provisions of Article: ____, Section: ____, Paragraph: _____. In order that he or she may:

Administrative Appeal: The applicant hereby requests consideration be given to a decision involving construction, interpretation or application of the terms of the Ordinance made by:
....., Name of Administrative Agency:
Date of decision:, Ordinance that is the subject of this appeal: Article: ____, Section: ____, Paragraph: _____. In order that he or she may:
=====

General Instructions: A typed application must be filed in the Zoning Office, for review, no less than thirty (30) days prior to Zoning Board of Adjustment meeting, which is held every third Tuesday of each month. Included shall be eleven (11) copies of the application, plans (floor and elevations), and any additional documentation for the application. A plot plan of the lot, showing the existing and proposed structures, certified by a Licensed Land Surveyor, is also required. All plans are to be to scale with a graphic scale shown.

There shall be a typed list of abutters and owners, which shall also include any licensed professionals noted on the plans. All listed shall have three (3) sets of 1" x 2.5" typed gummed labels.

Note: Applications will not be processed without the fee being paid.

Fees: Application: \$ 204. All abutters are: \$ 6.00 / each.

Fee calculations: Application Fee: \$ 204 + \$ 6.00 x ____ abut = Total due: \$ ____

Staff Comments:
=====

I, the undersigned, hereby certify that the names listed as abutters are accurate and correct to the best of my knowledge and belief. I acknowledge that it is my responsibility to check such other sources that are available to insure that any and all persons entitled to notification receive the same, and hereby certify that I have done so.

Signature of Owner: _____ **Date:** _____

Note: If not signed by owner a letter of authorization to proceed from owner is required. (v.1.1.08)